U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13005		2. Fiscal Year Covered From:		
		1 / 1 / 2005	Through: 12 / 31 / 2005	
3. Name and address of person filing.		4. Name, file number, and address of labor organization.		
Name Brian	Wooten	Name IBEW Local Union 5	69	
		Labor Organization File Number 0	34-254	
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street 16160 Turteleback Road		Street 4545 Viewridge Avenue, #100		
City San Diego		City San Diego		
State California	ZIP Code + 4 92127	State California	ZIP Code + 4 92123-1633	
5. Position in labor organization.	Executive Board Member			
Enter appropriate data below l		spouse or minor child directly or indirectly hexclusions set forth in the instructions):	nad any of the following interests	
A. Held an interest in, engaged monetary value from an emplo	in transactions (including loans) with over whose employees your organ	, or derived income or other economic boization represents or is actively seeking	enefit of 1 to represent.	
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or	r Income.	
Name				
Trade Name, if any				

Signature

ZIP Code + 4

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second complete.)	nying docu	ments), has been exa	mined by the signatory and is, to the best of the
Signed Signed	On	04/16/2006	(858) 569-8900
- Jan Foods		Date	Telephone Number

Street

City

State

P.O. Box, Bldg., Room No., if any

Name of Person Filing Brian Wooten File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name San Diego Electrical Pension Trust X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any PO Box 231219 c. Employer Street San Diego City State California ZIP Code + 4 92194 - 1219 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Appointed by IBEW Local 569 as a labor Trustee. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. \$0 City 12.a. Nature of interest held or income received. Expenses for required attendance at scheduled Board ZIP Code - 4 State of Trustees meetings and educational conferences. 12.b, Amount. \$6,409

C. Received from any employer (o or from any labor relations consultant t	ther than an employer covered o an employer any payment of m	under parts A and B above) oney or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

Name of Person Filing Brian Wooten

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).		9. Business deals with:		
Name San Diego Electrical Pension Trust		★ a. Labor Organization		
Trade Name, if any: P.O. Box, Bidg., Room No., if any PO Box 231219 Street City San Diego State California ZIP Code + 4 92194 - 1219 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street		b. Trust c. Employer 11.a. Nature of such dealing. Appointed by IBEW Local 569 as a labor Trustee		
Street				
City				
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0	
		12.a. Nature of interest held or income received. Lost wages and fringe benefits for required attendance at scheduled Board of Trustees meeting and educational conferences.	s	
		12.b. Amount. \$4 , 2	 238	